

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573775

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6			5				
7							
8			3				
9			1				
10				1			
11			3				
12				1			
13				1			
14				1			
15			3				
16				1			
17				1			
18				1			
19			3				
20							
21							
22							
23			3				
24			3				
25			3				
26			3				
27			3				
28							
29							
30							
31			6				
32			3				
33			1				
34			6				
35			1				
36							
37							
38			3				
39			3				
40			3				
41							
42							
43							
44			3				
45							
46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51					6		
52					4		
53					2		
54					4		
55					11		
56					1		
57					1		
58							
59							
60							
61							
62						2	
63						2	
64					10		
65					10		
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96							
97							
98							
99							
100							
TOTAL IND.					32		
TOTAL DEP.					95		
TOTAL CLAIMS					127		